



Australian Government

Department of Health, Disability and Ageing

Nationally Consistent Approaches to Community Visitor Schemes

Discussion paper 2: Strengthening disability safeguards
through CVS



Purpose:

To test a draft approach for running Community Visitor Schemes (CVS) that works more similarly nationwide but can be adapted locally, based on agreed principles and plans for the future.

Introduction

This paper supports round 2 of consultation about strengthening CVS in Australia. It builds on what we heard in round 1 from people with disability, families, carers, advocacy groups, service providers and governments.

Round 1 included an online public survey, stakeholder interviews and lived experience interviews that ran from August to October 2025. Feedback showed that CVS play an important role in keeping people safe, particularly in group homes and shared housing. People value them for being independent and human-rights focused. However, rules differ across Australia about who CVS can visit, how often and how they coordinate with other safety organisations. This leads to confusion and uneven protection.

In response to round 1 feedback, state and territory governments have developed 5 guiding principles for CVS. These principles help governments see shared values while still allowing for local laws and needs. They clarify the role of CVS and make it easier to share learning across states and territories.

Round 2 asks: Are these principles clear and strong enough? Your feedback will help finalise the principles and inform governments on the opportunities for future changes.

1. What are Community Visitor Schemes?

CVS are independent programs run by state and territory governments. They help people with disability raise concerns and protect their rights, safety and wellbeing through scheduled and random visits to places where people live and receive care.

CVS were created before the NDIS. Now people with disability have more choice about where they live, creating more types of accommodation. CVS need to adapt to keep people safe in these different settings.

CVS usually focus on group homes, psychiatric facilities and boarding houses. These places can have power imbalances and little connection to the wider community, which may increase the risk of harm.

Community visitors can enter these settings as independent visitors. They talk with residents, look at living conditions and check support quality. They can meet privately with residents and sometimes review records. Their role is to prevent or deal with problems, raising issues with the right organisations when needed.

CVS have a different role from regulators and advocates. They listen, observe and raise concerns early, helping people know where to go for other support.

CVS operate in most states and territories, but their powers are limited. Clear communication about what CVS can and cannot do is essential to maintaining trust with people with disability, families and the broader community. They vary in how they are set up and where

they operate. This shows the need for a more consistent approach while respecting local contexts.

2. Project aims

Following a recommendation from the [2023 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#), this project aims to establish consistent approaches to CVS across all state and territory governments that run community visitor schemes.

The project vision is to support states and territories to identify opportunities for greater national consistency to CVS approaches that:

- promote the rights, dignity and wellbeing of people with disability
- provide meaningful, independent oversight in higher risk settings
- operate with a clear purpose and clear boundaries alongside other safeguarding bodies
- support learning and improvement across jurisdictions.

3. What we heard in round 1

Round 1 consultation, delivered through an online public survey and interviews with stakeholders and people with lived experience, highlighted clear and consistent themes.

Many participants in the consultation spoke strongly about the value of CVS as a preventative and relational safeguard. The ability of community visitors to meet people where they live, listen to their experiences and raise concerns early was seen as a key strength that sets CVS apart from other safeguarding bodies.

Consultation also highlighted:

- differences in who CVS can visit and how often visits occur
- a need for clearer and more consistent ways of understanding and prioritising risk
- the importance of skilled, well-trained and culturally responsive community visitors
- ongoing uncertainty about how CVS fits alongside regulators, complaints bodies and advocacy services.

These insights informed the development of guiding principles that focus on system-level issues rather than detailed operational rules.

4. Developing a shared understanding of CVS

The department has developed a draft vision statement for CVS in Australia, in collaboration with states and territories.

The draft proposed vision for CVS in Australia is to:

... provide an equitable safeguard which upholds the rights and wellbeing of people with disability living in a range of settings across Australia. Community visitors provide an independent, proactive, and human-rights-based approach to visiting which operates independently under frameworks established by state and territory legislation.

A shared vision recognises the important role CVS plays for people with disability and provides guidance for jurisdictions who may be considering establishing or aligning CVS in their jurisdiction. This vision is consistent with the operational intent of existing schemes, noting that differences in scope and scale have resulted in people with disability living in various settings across Australia not having equitable access to comparable safeguards. CVS is only responsible for part of the safeguarding approach taken by governments, and it provides a vital service targeted towards people living with disability with high support needs.

The vision is also consistent with the United Nation's Convention on the Rights of Persons with Disabilities, recognising the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support.

We are seeking feedback on the proposed vision statement.

5. The 5 guiding principles

In round 1, the government asked for feedback on the effectiveness, accessibility and scope of CVS, including visitor qualities, communication practices, operational challenges, priority settings for visits and safeguards for home visits. Based on this feedback, we developed 5 principles for CVS. Together, these principles aim to provide a practical approach that can be adapted to different state and territory contexts.

We are seeking feedback on these draft principles.

PRINCIPLE 1:

National consistency with local flexibility: A shared national vision should provide clear purpose and enable meaningful comparison across jurisdictions while allowing flexibility for local legislation and delivery models. A shared national vision should prioritise the rights and outcomes of people with disability engaging with Community Visitor Schemes (CVS) and reflect best practice that promotes dignity, inclusion and safeguarding.

Intent

This principle sets a clear national direction for CVS while recognising the autonomy of states and territories.

- 1.1 Adopt a common baseline approach in areas such as eligibility, access powers, induction, data definitions and reporting.
- 1.2 Enable jurisdictions to exceed or adapt minimum expectations in line with local needs, resources and political contexts.
- 1.3 Build a sustainable visitor workforce (which may include volunteers) through nationally consistent approaches to training, values and skill-based recruitment and appropriate screening measures. This could include greater consistency across worker screening checks.
- 1.4 Support workforce development, recognition and retention to promote visiting and retention of visitors as aligns with jurisdictional scheme designs.

What this means in practice

CVS across Australia work towards the same shared goals, even though legislation and services differ between states and territories. This helps people understand what CVS is for and what to expect, no matter where they live.

PRINCIPLE 2:

Rights-based, relational and culturally responsive practice: CVS upholds the dignity, autonomy and cultural identity of people with disability through respectful, person-centred engagement and inclusive, culturally and gender-safe practice.

Intent

This principle recognises that safeguarding is closely linked to human rights and cultural safety.

- 2.1 Visitors function as a statutory oversight - not inspectors or compliance actors.
- 2.2 Engagement reflects informed choice, privacy, consent, dignity of risk and the right to decline a visitor.
- 2.3 Promote building and sustaining respectful relationships.
- 2.4 Promote cultural responsiveness for First Nations peoples and acknowledge community governance and protocols.
- 2.5 Visitor recruitment and training promotes diversity, First Nations, culturally and linguistically diverse and lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and other identities (+) and lived experience.
- 2.6 Recognise the importance of accessible information and communication support.

What this means in practice

Community visitors listen to people with disability, respect their choices and build trust over time. They recognise cultural differences and adjust how they communicate so visits feel safe and respectful.

PRINCIPLE 3:

Safeguarding purpose and risk-informed focus: CVS focuses on safeguarding and wellbeing and is guided by nationally coherent risk concepts and local contextual knowledge.

Intent

This principle makes clear that CVS focus on prevention and early response, not enforcement or compliance.

- 3.1 Use a shared national understanding of risk (likelihood of harm and absence of protective factors), while allowing jurisdictions to retain their own risk tools.
- 3.2 Consider environments with high risk, limited autonomy or elevated safeguarding risks.
- 3.3 Integrate measurable insights gained from visitors and from people with disability, their families and carers.

3.4 Prioritisation should remain dynamic and responsive to emerging risks and changes in service environments.

3.5 Focus on risk factors within specific settings and contexts across jurisdictions.

What this means in practice

CVS focus on supporting people to raise concerns and helping protect rights, safety and wellbeing. Visits are planned using information about risk, such as the type of setting, past concerns or how long it has been since a visit. This helps CVS use their time where it matters most.

PRINCIPLE 4:

Clarity of role, purpose and boundaries: CVS is committed to having a clearly defined scope and role that complements rather than duplicates regulatory, complaint and advocacy systems.

Intent

This principle helps reduce confusion about what CVS is responsible for.

4.1 CVS is a community safeguard, not a regulator, investigator, case manager or compliance mechanism.

4.2 Escalation pathways should be timely, fair and transparent, with feedback loops where appropriate.

4.3 Roles and responsibilities are consistently communicated across residents, families, providers and partner agencies.

4.4 CVS works collaboratively with the NDIS Quality and Safeguards Commission, National Disability Insurance Agency and relevant agencies in each jurisdiction to promote constructive engagement and clearly defined, timely interfaces.

4.5 CVS retains independence from both government and providers, including from other statutory bodies, to ensure credibility, effectiveness and clarity of role, purpose and boundaries.

What this means in practice

CVS focus on listening, observing and raising concerns, not investigating or enforcing rules. When issues need follow-up, CVS share information with the right organisation, such as a regulator, complaints body or advocate.

PRINCIPLE 5:

Transparency, accountability and shared intelligence: CVS seeks to operate transparently, contributing to shared system learning and use consistent data to strengthen the visiting function across jurisdictions.

Intent

This principle supports system-wide improvement while respecting privacy and legal limits.

- 5.1 Clearly communicate CVS purpose, activities and how it adds public value.
- 5.2 Report on themes, systemic insights and operational matters such as coverage, depth of engagement.
- 5.3 Adopt consistent national language and data definitions, where practical to enable comparability across jurisdictions, while retaining flexibility to meet state-specific legislative and accountability requirements.
- 5.4 Enable lawful, ethical, culturally appropriate and responsible 2-way information-sharing within relevant data governance frameworks, with relevant agencies (including the NDIS Commission, NDIA and disability service providers) in each jurisdiction to support proportionate and timely safeguarding responses.
- 5.5 Share information in accordance with legislative privacy protections and safeguarding obligations that enable timely responses.

What this means in practice

CVS collect information about visits in a clear and consistent way. This helps identify patterns and ongoing issues, while still protecting people's privacy.

7. Key discussion questions

We want to hear from people with disability, families and carers, service providers, advocates and community members about the principles of CVS.

You can answer as many or as few of the questions below as you like via the online survey or through a written submission.

- 1 Are the 5 principles easy to understand? Do they explain what CVS do and why they are important?
- 2 Do the principles reflect what matters most for people with disability, such as safety, rights, dignity and wellbeing? Is anything important missing?
- 3 Do the principles explain safeguarding and risk in a clear and fair way? Should anything change about how risk is described?
- 4 Do the principles make it clear what CVS is responsible for and how this role is different from complaints bodies, regulators or advocates? Could any parts be misunderstood?
- 5 Do the principles support visits that are respectful, person-led and focused on listening to people with disability?
- 6 Do the principles recognise and respect different cultures, communities and identities including First Nations people and culturally and linguistically diverse communities? What could improve this?
- 7 What are the priority areas that should have a baseline of consistency across schemes?
- 8 Overall, do you think these principles will help CVS work better in the future? What is the most important thing they should protect or improve?

8. How feedback will be used

Feedback from this consultation will be used to refine the principles in collaboration with states and territories.

What we hear will help governments understand whether the principles are clear, practical and suitable for use across different states and territories. Feedback will also inform advice to governments about options for strengthening nationally consistent approaches to CVS.

Feedback will also help identify any risks, gaps or unintended impacts as the project moves forward.

You can give feedback by:

- completing our online survey [Start the Survey](#)
- send a written document submission to: CVSproject@wheretoresearch.com.au
- record an audio file or video file submission [Make a submission](#).